

EJVES Extra Abstracts

Endovascular Management of Aortoduodenal Syndrome: A Novel Treatment for a Rare Condition

B. Green, A. Brown, S. England, K. Overbeck

Department of Vascular Surgery, Sunderland Royal Infirmary, Kayll Road, Sunderland, UK

Introduction: Aortoduodenal syndrome is exceedingly rare and characterized by duodenal obstruction from a large abdominal aortic aneurysm. Traditionally, treatment is by open aneurysm repair, aneurysmorrhaphy, and duodenal release. This approach carries a significant mortality. Endovascular aneurysm repair has not been used before in this condition as it was felt that the duodenal obstruction would still require surgical decompression.

Report: We report two patients with aortoduodenal syndrome successfully treated by endovascular stent graft alone.

Discussion: The pathophysiology of this syndrome is reviewed and a new hypothesis of a dynamic element in aortoduodenal syndrome presented.

<http://dx.doi.org/10.1016/j.ejvs.2013.12.001>

DOI of original article: <http://dx.doi.org/10.1016/j.ejvsextra.2013.11.003>

Available online 31 January 2014

Complete Endovascular Management of a Spontaneous Aorto-left Renal Vein Fistula Caused by Ruptured Abdominal Aortic Aneurysm Under Local Anaesthetic: A Case Report

D. Kamali, G. Dobson, A. Stannard, M. Thomas, S. Milburn, P. Wong
James Cook University Hospital, Middlesbrough, UK

Introduction: Aorto-left renal vein fistulae (ALRVF) are extremely rare, with few cases reported in the literature. We report the first case of complete endovascular management of a spontaneous ALRVF secondary to a ruptured abdominal aortic aneurysm (AAA) under local anaesthetic.

Report: A 73-year-old man presented with acute left loin pain and haematuria. A CT scan demonstrated an infra-renal AAA, rupturing posteriorly into a retroaortic left renal vein. Given aneurysm suitability and patient factors, this was treated by endovascular management.

Discussion: Open operations in such cases are associated with high morbidity and mortality. Endovascular stenting provides a lifesaving alternative.

<http://dx.doi.org/10.1016/j.ejvs.2014.01.001>

DOI of original article: <http://dx.doi.org/10.1016/j.ejvsextra.2013.11.009>

Available online 27 January 2014

Inferior Mesenteric Artery Stenting as a Novel Treatment for Chronic Mesenteric Ischemia in Patients with an Occluded Superior Mesenteric Artery and Celiac Trunk

M. Wohlaer ^a, H. Kobeiter ^b, P. Desgranges ^b, J.P. Becquemin ^b, F. Cochenec ^b

^a *Department of Surgery, University of Colorado, Aurora, CO, USA*

^b *Department of Vascular and Endovascular Surgery, Henri Mondor Hospital, Créteil, France*

Introduction: Chronic mesenteric ischemia (CMI) is a challenging problem, with revascularization the mainstay of treatment. Management of CMI is especially challenging in the patient with superior mesenteric artery (SMA) and celiac artery (CA) occlusions.

Report: We report a case series of four patients with chronic mesenteric ischemia who were not candidates for CA or SMA revascularization who were successfully treated with inferior mesenteric artery (IMA) angioplasty and stent placement to improve collateral circulation and palliate symptoms.

Discussion: To our knowledge, this is the largest case series to date reporting the use of an IMA stent to improve collateral circulation in patients with CMI.

<http://dx.doi.org/10.1016/j.ejvs.2014.01.008>

DOI of original article: <http://dx.doi.org/10.1016/j.ejvsextra.2014.01.001>

Available online 16 February 2014

Endovascular Treatment is an Accurate Option for Aortoenteric Secondary Fistulae in TASC D Patients

E.M. San Norberto, J.A. Brizuela, J.H. Taylor, S. Carrera, M.A. Ibáñez, C. Vaquero

Division of Vascular Surgery, Valladolid University Hospital, Valladolid, Spain

Introduction: There is no evidence on which to base the ideal technique for the treatment of aorto-enteric fistulas (AEFs).

Report: A 54-year-old man presented with an AEF. He had previously undergone aortobifemoral bypass with an end-to-side proximal anastomosis. An Endurant II aorto-uniliac endograft and a Complete SE stent soaked in rifampicin were implanted. After 12 hours, a second staged intervention was performed. The original graft was removed and the communication with the duodenum was repaired.

*Full articles available at www.ejvsextra.com
1078-5884/\$ — see front matter

Discussion: A staged combination of endovascular repair for acute bleeding control and open surgical treatment, combined with systemic and local antibiotics might be considered the option of choice.

<http://dx.doi.org/10.1016/j.ejvs.2014.01.009>

DOI of original article: <http://dx.doi.org/10.1016/j.ejvsextra.2014.01.002>